

State of Maryland  
or

Case No. \_\_\_\_\_

vs.

\_\_\_\_\_  
Plaintiff/Petitioner

\_\_\_\_\_  
Defendant/Respondent

**REQUEST FOR ACCOMMODATION BY PERSONS WITH DISABILITIES** (Form 1-332)  
(Code 1001)

Name of Applicant: \_\_\_\_\_

Applicant is:    ☐ Party            ☐ Witness            ☐ Juror            ☐ Attorney            ☐ Other

Applicant requests accommodation under Americans with Disabilities Act (ADA) as follows:

1. Type of court proceeding:   ☐ Criminal    ☐ Civil    ☐ Family    ☐ Juvenile    ☐ Other: \_\_\_\_\_

2. Hearing/Trial date: \_\_\_\_\_ Time: \_\_\_\_\_

3. Nature of disability related impairment (specify): \_\_\_\_\_  
\_\_\_\_\_

4. Type of accommodation(s) (be specific – a list of examples of accommodations is available at the clerk's office): \_\_\_\_\_  
\_\_\_\_\_

5. Please provide any further information that may assist the court in providing a reasonable accommodation (specify): \_\_\_\_\_  
\_\_\_\_\_

☐ I request that this information be kept confidential to the extent allowed by law.

I certify that to the best of my knowledge this information is true and correct. I agree to provide medical documentation if required by the court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Applicant's Representative

\_\_\_\_\_  
Applicant/Applicant's Representative's Address

\_\_\_\_\_  
Telephone Number

The clerk's office and the ADA Coordinator are available to provide further assistance.

☐ The request for accommodation is GRANTED: or

☐ The request for accommodation is DENIED.

☐ Alternate accommodation(s) GRANTED (specify):  
\_\_\_\_\_  
\_\_\_\_\_

☐ Applicant does not qualify under the ADA.

☐ It fundamentally alters the nature of the service program or activity as defined by the ADA.

☐ It creates an undue burden on the court as defined by the ADA.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Administrative Official

If you disagree with this decision, you can file a Grievance. (Form CC-DC 50 is available for this purpose.)